

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

HEALTH SERVICES AGENCY

STANISLAUS COUNTY

PUBLIC HEALTH DIVISION

3052020302483

CERTIFICATE OF DEATH

3202050005987

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|---|--|--|--|
| STATE FILE NUMBER | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT— FIRST (Given) DEAN | | 3. LAST (Family) BOYSTER | |
| 2. MIDDLE JEFFREY | | 4. DATE OF BIRTH mm/dd/yyyy 1977 | |
| 5. AGE Yrs. 43 | | 6. SEX M | |
| 8. BIRTH STATE/FOREIGN COUNTRY CA | | 10. SOCIAL SECURITY NUMBER 5008 | |
| 11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | | 12. MARITAL STATUS/SRDP* (at Time of Death) NEVER MARRIED | |
| 13. EDUCATION—Highest Level/Degree (see worksheet on back) 12 ND | | 14.15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) CAUCASIAN | | 17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED DRIVER | |
| 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TOW TRUCK | | 19. YEARS IN OCCUPATION 27 | |
| 20. DECEDENT'S RESIDENCE (Street and number, or location) 5842 LIPIZZAN COURT | | | |
| 21. CITY RIVERBANK | | 22. COUNTY/PROVINCE STANISLAUS | |
| 23. ZIP CODE 95367 | | 24. YEARS IN COUNTY 43 | |
| 25. STATE/FOREIGN COUNTRY CA | | 26. INFORMANT'S NAME, RELATIONSHIP JESSICA RAMSEY, FIANCÉE | |
| 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 5834 LIPIZZAN COURT, RIVERBANK, CA 95367 | | 28. NAME OF SURVIVING SPOUSE/SRDP*—FIRST - | |
| 29. MIDDLE - | | 30. LAST (BIRTH NAME) - | |
| 31. NAME OF FATHER/PARENT—FIRST ARLEY | | 32. MIDDLE DEAN | |
| 33. LAST BOYSTER | | 34. BIRTH STATE AR | |
| 35. NAME OF MOTHER/PARENT—FIRST CAROLYN | | 36. MIDDLE LEE | |
| 37. LAST (BIRTH NAME) VAN HOOSE | | 38. BIRTH STATE CA | |
| 39. DISPOSITION DATE mm/dd/yyyy 12/31/2020 | | 40. PLACE OF FINAL DISPOSITION RES: JESSICA RAMSEY 5842 LIPIZZAN COURT, RIVERBANK, CA 95367 | |
| 41. TYPE OF DISPOSITION(S) CR/RES | | 42. SIGNATURE OF EMBALMER NOT EMBALMED | |
| 43. LICENSE NUMBER - | | 44. NAME OF FUNERAL ESTABLISHMENT SALAS BROTHERS FUNERAL CHAPEL | |
| 45. LICENSE NUMBER FD782 | | 46. SIGNATURE OF LOCAL REGISTRAR JULIE VAISHAMPAYAN, MD | |
| 47. DATE mm/dd/yyyy 12/31/2020 | | 101. PLACE OF DEATH MEMORIAL MEDICAL CENTER | |
| 102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA | | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other | |
| 104. COUNTY STANISLAUS | | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1700 COFFEE ROAD | |
| 106. CITY MODESTO | | 107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) IMMEDIATE CAUSE (Final disease or condition resulting in death) CARDIAC PULMONARY ARREST (B) SEPTIC SHOCK, UNKNOWN ETIOLOGY (C) RENAL FAILURE (D) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE | |
| 108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO | | 113. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive (A) mm/dd/yyyy 12/15/2020 (B) mm/dd/yyyy 12/22/2020 | | 115. SIGNATURE AND TITLE OF CERTIFIER PRACHI VISHWASRAO M.D. 116. LICENSE NUMBER A137379 117. DATE mm/dd/yyyy 12/31/2020 | |
| 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE PRACHI VISHWASRAO M.D. 600 COFFEE ROAD, MODESTO, CA 95355 | | 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined | |
| 120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | 121. INJURY DATE mm/dd/yyyy 122. HOUR (24 Hours) | |
| 123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) | | | |
| 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) | | | |
| 125. LOCATION OF INJURY (Street and number, or location, and city, and zip) | | | |
| 126. SIGNATURE OF CORONER / DEPUTY CORONER | | 127. DATE mm/dd/yyyy | |
| 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER | | 129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER | |

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| STATE REGISTRAR | A | B | C | D | E | 010001004779685* | FAX AUTH.# | CENSUS TRACT |
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This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

DATE ISSUED

JULIE VAISHAMPAYAN, MD, MPH
LOCAL REGISTRAR OF VITAL STATISTICS

01/13/2021



This copy is not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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